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** CONTINUING DATA ********* None — ****************

** FOREIGN APPLICATIONS ********* None — *************

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed ☐ yes ☒ no		STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance					
Verified and Acknowledged Examiner's Signature SJR Initials					

ADDRESS
27777

TITLE
Consumer customized dosage forms

FILING FEE RECEIVED 1152	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees
		☐ 1.16 Fees (Filing)
		☐ 1.17 Fees (Processing Ext. of time)
		☐ 1.18 Fees (Issue)
		☐ Other _____
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